



## CHIP Extended Plan Mental Health Benefits for a Child with a Serious Emotional Disturbance (SED)

### WHO'S ELIGIBLE?

A CHIP enrolled child (up to 19 years old) who DPHHS determines to have SED.

### WHAT ARE THE SERVICES? (Benefit table on reverse)

- **CHIP BASIC PLAN** mental health benefits include pharmacy services, inpatient mental health services, therapeutic group home services (including room and board) and individual, family, and group psychotherapy office visits. There are limits on some of these services.
  - **CHIP BASIC PLAN** services are billed to the **CHIP Plan of Blue Cross and Blue Shield of Montana (BCBSMT)**.
- **CHIP EXTENDED PLAN** mental health benefits include additional individual and family psychotherapy office visits and therapeutic group home services as well as other community based services, not covered under the CHIP BASIC Plan. Other services include: therapeutic family care (moderate level); day treatment; community based psychiatric rehabilitation and support (CBPRS), and respite care. These benefits became available March 1, 2006.
  - **CHIP EXTENDED PLAN** services are billed to **Affiliated Computer Systems (ACS)**. When the **CHIP BASIC PLAN** limits are exhausted on psychotherapy visits and/or therapeutic group home services, the BCBSMT Explanation of Benefits (EOB) denial is sent with the claim and Paper Work Attachment Cover Sheet to ACS. The "cover sheet" is available from the Montana's Healthcare Programs provider website at [www.mtmedicaid.org](http://www.mtmedicaid.org).

### HOW IS A CHILD DETERMINED ELIGIBLE FOR CHIP EXTENDED PLAN BENEFITS?

- A **CHIP Mental health provider** completes a clinical assessment and submits it to: **CHIP SED Specialist, DPHHS, PO Box 202951, Helena, MT 59620**.
- The Department reviews the assessment and makes the SED determination. The family and mental health provider are notified of the decision (approved, denied, or more information is requested).
- SED assessments are only paid for children enrolled in CHIP.

### WHEN DO SERVICES BEGIN?

- Once approved, the child with SED can access the CHIP Extended Plan benefits beginning the first day of the following month. (Example: If the SED assessment is approved in March, the child is eligible for CHIP Extended Plan benefits beginning April 1.)

### WHAT ELSE DO I NEED TO KNOW?

- Comprehensive School & Community Treatment (CSCT) services are **not covered**.
- Case management services are **not covered**. The CHIP Extended Plan relies upon the mental health provider and the family to coordinate services.
- Payment for services under the CHIP Extended Plan is based on the "Medicaid Mental Health and Mental Health Services Plan Fee Schedule." (<http://www.dphhs.mt.gov/mentalhealth/children>)
- The CHIP Extended Plan requires no co-payments and there is no need for pre-authorization of services once the child's CHIP Extended Plan benefits begin.
- CHIP Basic Plan and Extended Plan benefits begin anew each October 1. An updated SED assessment is required when the CHIP family completes their annual eligibility renewal application.

### FOR MORE INFO:

- Contact CHIP @ 1-877-KidsNow (543-7669) or 444-6971 or FAX 1-877-418-4533 or e-mail [chip@mt.gov](mailto:chip@mt.gov). The CHIP Extended Plan manual is available on the CHIP website at [www.chip.mt.gov](http://www.chip.mt.gov), under the "Provider" or "Family Resources" tabs.

# CHIP Mental Health Benefits

Per benefit plan year October 1<sup>st</sup> to September 30th

*All services must be medically necessary*

<b>Mental Health Benefit</b>	<b>CHIP Basic Plan Mental Health Benefits Services per Benefit Year<sup>1</sup> (Process through BCBSMT)</b>	<b>CHIP Extended Plan<sup>2</sup> Mental Health Benefits Services per Benefit Year (Process through ACS)</b>	<b>CHIP Extended Plan PROCEDURE CODES</b>
Pharmacy	Covered	-----	-----
Inpatient Hospitalization <sup>3</sup> Partial Hospitalization Residential Treatment Center	Covered  21 days per benefit year (or 42 partial days per benefit year)	No Additional Benefit	-----
Therapeutic Group Home (includes room & board)	Covered Counts towards the 21 days 'inpatient hospitalization'	Covered Additional 30 days	S 5145 With or Without Modifiers TG or TF
Therapeutic Family Care (moderate level – in child's home)	Not Covered Some limited exceptions apply	Covered 30 days	S 5145 With Modifier HR
Day Treatment	Not Covered	Covered 120 hours	H 2012 With Modifier HA
CBPRS Community Based Psychiatric Rehabilitation and Support	Not Covered	Covered 120 hours	H 2019
Psychotherapy Office Visits Individual, Family, and/or Group	Covered 20 visits Maximum of four visits may be for the family without the child	Covered Additional 30 individual and/or family office visits <sup>4</sup>	90801 90802 90804 90806 90810 90812 90846 90847 90853
Respite Care	Not Covered	Covered 144 hours	S 5150 With Modifier HA
SED Clinical Assessment	Counts as one of the 20 individual psychotherapy office visits if CHIP limit isn't reached	Counts as one of the 30 additional visits. A maximum of two (2) assessments per benefit year are reimbursed, even if the youth is not determined to have SED <sup>5</sup>	90801 90802

**NOTE:** Under the CHIP Basic Plan, no limit is placed on CHIP mental health services for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism. Extended Plan limits apply to all children regardless of diagnosis.

## \*\*\* To obtain an SED determination \*\*\*

Current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, or professional counselor), and social history is forwarded to the CHIP office. "Current" means completed or updated within the past six months. Department staff determines if the youth meets the serious emotional disturbance criteria pursuant to the SED definition set forth in ARM 37.86.3702(2). The **Clinical Assessment** is a psychological assessment with DSM-IV diagnosis and a social history that includes the following details: diagnosis supported by rationale and specific behaviors (interactions at home, school, in the community and with peers); presenting problem; history of problem; psychiatric history (interventions, responses, medications); social and educational history; and risk factors.

<sup>1</sup> CHIP Mental Health Basic Plan and Extended Plan have the same Benefit Year of October 1 through September 30

<sup>2</sup> Extended Plan provides additional mental health benefits, as listed in this table, for CHIP-enrolled children with a serious emotional disturbance (SED), who complete the CHIP SED approval process.

<sup>3</sup> Use of partial hospitalization applies to inpatient hospital limit at the rate of two partial hospital days for one inpatient hospital day.

<sup>4</sup> The combined total of individual and/or family visits is limited to a total of 30 visits.

<sup>5</sup> CHIP staff prior approval is necessary to exceed the limit of 2 assessments per benefit year.